

**EMERGENCY SERVICES  
PASSENGER LIABILITY RELEASE**

WHEREAS, the undersigned has requested authorization to ride in a Minquas Fire Company No. 2 vehicle for the purpose of:

The undersigned does hereby release and discharge the Minquas Fire Company No. 2, the Downingtown Fire Department, the Borough of Downingtown, East Caln Township, their emergency care providers, agents and employees from any and all liability, claims, or demands for injuries which may be suffered or property damage which may occur in the course of, or arising out of, the presence of said undersigned in an Emergency Services Vehicle during the time of such ride or presence of the undersigned during Emergency Services related activities.

**THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE THAT THE INFORMATION HE OR SHE HAS PROVIDED IS TRUE AND THE HE OR SHE HAS READ AND UNDERSTANDS THE INFORMATION IN THE ATTACHED BROCHURE. THE RIDER FURTHER ACKNOWLEDGES THAT HE OR SHE UNDERSTANDS AND IS FULLY AWARE OF THE POTENTIAL DANGERS WHICH CAN OR MAY OCCUR.**

This agreement is binding on my heirs, representatives, and assigns.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Rider

.....  
Signature of Parent or Guardian (if under 18)

NOW, therefore, in consideration of the execution of this release, the above named individual is hereby granted permission to ride in a Minquas Fire Company No. 2 vehicle for the purpose stated. This waiver shall be effective at \_\_\_\_\_ hours on \_\_\_\_\_ 20\_\_\_\_ and remain in effect for a period of one year.

- Copy of Proof of Medical Insurance received
- Copy of Photo ID received
- Copy of current certifications (if any) received

**Responsibilities**

When responding to calls, the rider shall remain seated at all times and will wear the seat belt provided.

Students are encouraged to actively participate in patient care to their level of training and should feel free to ask the mentor if he or she can perform tasks should the mentor fail to offer the opportunity to the student.

The rider will be expected to assist in all aspects of the mentors duties including station responsibilities.

No ride-along shift will begin before 6:00 a.m. and go no later than 10:00 p.m.

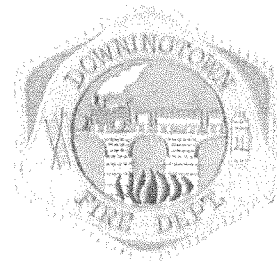
**Confidentiality**

The profession of providing emergency medical care to our patients often involves the discovery of personal information about the patient. In order for us to treat patients effectively, we must have their trust so the patient will be able to relay pertinent information to us in confidence.

It is the policy of the Minquas Fire Company No. 2 EMS that information about the patient's condition and personal history will not be given out to anyone not directly involved in patient care or those involved in quality assurance. Requests for patient information must be handled with protection of our patient's confidentiality, legal rights and privacy. The trip report is considered a confidential document. It will be filled appropriately in accordance with our documentation policies.

Any rider who is found to have breached patient confidentiality will be immediately dismissed from their ride along opportunity and reported to the appropriate training center

You can only ride-along a maximum of three (3) times. You must join the Minquas Fire Co. or stop riding.



**RIDE ALONG PROGRAM  
WAIVER BROCHURE**

Welcome to the Minquas Fire Company No. 2 ride-along program. I hope that your time spent with us will be educational and your knowledge and understanding of emergency services expanded.

The following information is provided to you with our hopes that it will make your ride time more rewarding and answer some basic questions prior to your scheduled shift.

Please complete the waiver and information sections contained within and bring them with you.

We hope your experience with us will be of great value. Should you experience any problems while riding with us, please feel free to contact me directly.

Sincerely,

The Fire and EMS Officers  
Minquas Fire Company No. 2  
Downingtown Fire Department

.....  
**OUR RECORDS INDICATE THAT YOU ARE  
SCHEDULED TO RIDE:**

### Requirements

Due to the increasing litigation in our society, it is necessary that prior to riding with out service, you obtain health/hospitalization insurance, and sign the waiver contained in this document.

If involved in providing patient care you must also have started the hepatitis vaccination series or have an appropriate waiver regarding blood borne pathogens and possible exposure.

### Reporting for Ride Along Time

You should report to the station at the time and date previously arranged. Should you arrive and find the doors locked and there is no response from the door bell the crews are likely on calls and will return shortly.

If for some reasons you are unable to ride your scheduled shift, notify us (610-269-2797) as early as possible. Failure to notify us of your cancellation may result in termination of further ride along opportunities.

### Orientation

You will be given a tour of our facilities, including the apparatus upon your arrival. You should become familiar with all equipment used at your level of training. Our personnel will assist you with the equipment orientation and function as needed. You must understand that **it is your responsibility** to be familiar with anything. You can contact a crew member for assistance or instruction.

### Infectious Disease Protocol

The rider shall wear appropriate protective devices when performing invasive patient care procedures or when coming in contact with blood or body fluids. All sharps will be disposed in an appropriate puncture resistant container. If your clothing becomes contaminated, it will be your responsibility to secure a change of clothing and to appropriately deal with the contaminated clothing.

### What to Wear/Appearance

Wear a uniform approved by your training program. If you are not currently in a training program or a dress code is not defined, dark blue pants (no jeans) and a dark blue shirt are appropriate. Our personnel will provide a jacket if needed.

We will not permit shirts or jackets to be worn that have certification or other service patches affixed to them.

All ride along candidates shall look in a professional business like appearance. Any rider who's appearance does not look neat and professional will be asked to leave.

### Use of Facilities

Eating arrangements are your responsibility. We do have a refrigerator, microwave and toaster oven that you may use.

Our crew room has a television, VCR, and DVD player that may be used. Please respect others when using them.

Telephones may be used for local calls on a limited basis. You should not be any longer than 5 minutes unless you have made prior arrangements with an officer for such. No long distance phone calls will be allowed.

You can only ride-along a maximum of three (3) times. You must join the Minquas Fire Co. or stop riding.

## PERSONAL INFORMATION

Name:

Home Address:

City/State/Zip:

Phone Number:

Social Security #:

Program Affiliation: (If Applicable)

Are you over the age of 18?    Yes    No

## **EMERGENCY CONTACT**

Name:

Phone Number:

Relationship:

**Minquas Fire Company No. 2  
Downingtown Fire Department  
202 East Lancaster Avenue  
Downingtown, PA 19335**

**Phone: 610-269-2797**

**Phone: 610-269-6911**